Application Form for Empanelment for
Category : _____ (A, B or C)

Please specify the name of category mentioned above for which empanelment is desired.

No.	Information Sought	Information Provided
1)	Name of the Firm, (in Block letters)	
2)	Nature of Ownership	
3)	Date of Establishment/ Incorporation of the Firm	
4)	Telephone Nos. Office Fax No. Mobile No. E-mail address • Telephone nos. • Telephone nos. • Telephone nos. • Date of Establishment of Firm in present Name	
5)	Complete address of Head Office (if separate) and telephone no., Fax no. & E-mail id	
6)	Status : Whether Proprietary/ Partnership/ Private Ltd company/Others	
7)	Names of the Partners /Directors / Proprietors	
8)	Name of Chief Executive with his present addresses and telephone number	
9)	Name of Representative(s) with designation who would be calling on us and attending to our jobs.	
10)	Is the Firm registered under the Shop Establishment Act? If so, state a) License number b) Date of last renewal of license	

	(copy of license to be enclosed) c) PAN d) ESIS No if any e) EPF registration No.	
11)	a) PAN Card No (copy to be enclosed)	
12)	Turn over for last 3 years F.Y. 2019-2020 F.Y. 2020-2021 F.Y. 2021-2022 (Enclose copy of Balance Sheets and Profit & Loss A/c of last 03 years)	
13)	Has your firm been blacklisted / removed earlier by LIC or any of the PSUs / BFSI / Govt./ Semi Govt. Quasi Govt. Departments in India. (Yes/No).if yes, then details	
14)	Name of the Bankers with address & Telephone Nos.	
15)	• CST NO. • VAT No. • TAN No. • Pan No. • Service Tax Registration No. (Attach copies of all Above)	
16)	Are you agreeable to abide strictly by the Terms and conditions of the Tender and contracts (copies annexed)	
17)	If your firm is already empanelled with any other of LIC of India, please attach copy of such empanelment letter. If your firm is empanelled with any other PSU (Central) please give name and address of the office/s.	

18)	Name , addresses and telephone Nos. of three of your most valued clients (separate list may be attached)	
19)	Mention products and services you provide. Also mention any other specialties of your Establishment	
20)	Are you agreeable to deliver items to Branches of Bhavnagar Division (Bhavnagar, Amreli, Surendranagar & Botad District)?	

I/We_____ request Life Insurance Corporation of India, Bhavnagar Divisional Office to consider inclusion of my / our firm / company in the list of their approved firms / suppliers / Service Providers of computer consumable and hereby assure to extend full co-operation up-to the satisfaction of Corporation in the event of their doing so.

I / We agree to abide by all the Terms & Condition as per Annexure A and framed by the Corporation from time to time.

Dated at _____this _____day of _____20_____

Signature with Office Seal

Name_____

Designation_____

- **Please, attach Demand Draft of Rs.118/- in favour of "LIC OF INDIA" payable at BHAVNAGAR being non-refundable fee.**
- **Please type the form or fill it legibly in ink.**
- **Use separate sheet if space provided is insufficient.**
- **Please, attach copies of necessary documents as instructed in the form.**
- **All the pages of application form and documents must be signed with seal.**